Please type a plus sign (+) inside this box →

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION **TRANSMITTAL**

Attome	ey Docket No.	252205-1090					
First In	ventor	Kuo					
Title	SCANNING METH SCANNING PERIO	OD CAPABLE OF REDUCING THE					

(Only for new nonprovisional app	olications under 37 CFR 1.53(b))	Express Mail	Label No.	EV269334587US				
	TION ELEMENTS cerning utility patent application con	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450						
APPLICANT REQUESTS EARLY PUBLICATION UNDER 37 CFR 1.219 (additional fee)								
1. (Submit an original, ar	ransmittal Form (e.g., PTO/SB/17) t an original, and a duplicate for fee processing) ant claims small entity status. See CFR 1.27 To CD-ROM or CD-R in duplicate, large table or Com Program (Appendix) Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)							
3. Specification (preferred arranger	[Total Pages nent set forth below)	20]	a.					
- Cross Refer - Statement F - Reference to computer pr - Background - Brief Summ	title of the invention ence to Related Applications Regarding Fed. Sponsored R&D o sequence listing, a table, or a ogram listing appendix of the Invention ary of the Invention ption of the Drawings (if filed) scription		b. Spec	ii. Paper	Copy (CRF) Copy (CRF) CD-R (2 copies); or copies			
- Claim(s)	he Disclosure		ACCOME	PANYING APPLICA	ATION PARTS			
b. Copy from a (for continual)	C 113) [Total Sheets [Total Pages] uted (original or copy) a prior application (37 CFR \$1.63(d)) ation/divisional with Box 18 complete DELETION OF INVENTOR(S) Signed statement attached deleting is lamed in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). heet. See 37 CFR 1.76	9. X Assignment Papers (cover sheet & Documents(s)) 10. 37 CFR 3.73(b) Statement Power of Attorney 11. English Translation Document (if applicable) 12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations 13. Preliminary Amendment 14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. X Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. Other:						
	ICATION, check appropriate beet under 37 CFR 1.76:	ox, and supply	the requisite inform	nation below and in a pi	reliminary amendment,			
Continuation Data Sheet under St. CFX 1.70. Continuation Divisional Continuation-in-part (CIP) of prior application No: / Prior application information: Examiner For CONTINUATION OR DIVISIONAL APPS only: the entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. This incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.								
18. CORRESPONDENCE ADDRESS								
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) Correspondence address below								
NAME Daniel R. McClure Thomas, Kayden, Horstemeyer & Risley, L.L.P.								
ADDRESS 100 Galleria Parkway Suite 1750								
CITY Atlanta	STATE	Georgia		ZIP CODE	30339-5948			
778 778-531-6335								
The state of the s								
<u> </u>	- Start 1	11			9-15-03			

09	1835
表	L ci.s

FEE TRANSMITTAL for FY 2003

면 Effective 01/01/2003. Patent fees are subject to annual revisions.

METHOD OF PAYMENT (check all that apply)

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT 790.00

Complete If Known							
Application Number	Unassigned						
Filing Date	September 15, 2003						
First Named Inventor	Kuo						
Examiner Name	Unassigned						
Group / Art Unit	Unassigned						
Attorney Docket No.	252205-1090						

FEES CALCULATION (continued)

Cargo Entity	Check Credit Card Money Other None 3. ADDITIONAL FEES											
Code (s) Code C	N			Order						Ego Docarinti		Eoo Baid
Deposit Account Name	∠ Deposit Account					Code	(\$)	Code	(\$)	·		reeraid
Deposit Account Summitter 20-0778 1053 130 1053 130 1053 130 1053 130 1053 130 1053 130 1050	Deposit Account					1052	50	2052	25	Surcharge-late provision		
Deposit Account Name	Number 20-0778			1053	130	1053	130					
The Commissioner is authorized to: (check all had apply)	Deposit Account				1812		1812	·	parte reexamination			
The Commissioner is authorized or: (check air that apply) Charge feels; indicated below Ceretia any overpayments 1251 110 2251 555 1560 1250 1252 1252 1252 1252 1252 1252 1252 1252 1252 1252 1253 1252 1253 12	Name Thomas, Kayden, Horstemeyer Risley, L.L.P.									SIR prior to Examiner	action	
Charge fee(s) indicated below, except for the filing fee to the above-defilited deposit account 1552 410 2252 255 256 256 256 256 256 256 257	l 									SIR after Examiner ac	tion	
Charge Fee(s) indicated below, except for the filing fee to the above-identified deposts account 1253 345 1253 345 1254 1450 1255 1970 1255 1255 1970 1255 1970 1255 1255 1970 1255 1255 1970 1255 1970 1255 1255 1970 1255 1255 1970 1255 1255 1970 1255 1255 1255 1970 1255 1					•	1251	110	2251	55		hin first	
Total Claims	Charge fee(s)	indicated b	elow, ex	• • • •	•				205		hin	
1. BASIC FILING FEE Small Entity Fee	identified depo			CULATION		1253	930	2253	465		nin	
Fee		G FEE		COLATION		1254	1,450	2254	725		hin	
1401 320 2401 160 Notice of Appeal 1401 320 2401 160 Notice of Appeal 1401 320 2401 160 Notice of Appeal 1401 320 2403 140 1402 330 2403 140 1402 330 2403 140 Request for oral hearing 1401 320 2403 140 Request for oral hearing 1401 340 2402 2403 140 3403					Fee Paid	1255	1,970	2255	985		hin fifth	
1002 330 2002 165 Design Filling Fee 1451 1,510 14	l i			Fee Description		1401	320	2401	160	Notice of Appeal		
1002 330 2002 165 Design Filing Fee 1403 280 2403 140 Request for oral hearing 1451 1,510 1451 1,510 1451 1,510 1452 110 14	1001 750	2001	375	Utility Filing Fee	750	1402	320	2402	160		t of an	
1004 750 2004 375 Reissue Filing Fee 1452 110 2452 55 Pettion to revive-unintentional move of the pettion of o	1002 330	2002	165	Design Filing Fee		1403	280	2403	140		ng	
1452 110 2452 55 Petition to revive-unavoidable 1453 1,300 2453 650 Petition to revive-unavoidable 1453 1,300 2503	1003 520	2003	260	Plant Filing Fee		1451	1,510	1451	1,510		ublic	
1453 1,300 2453 650 Petition to revive-unintentional unintentional unintention unintentional unintentional unintentional unintentional unintentional unintention	1004 750	2004	375	Reissue Filing Fee		1452	110	2452	55	Petition to revive-		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1502 470 2502 235 Design issue fee 1503 630 2503 315 Plant issue fee 1503 630 2503 315	1005 160	2005	80	Provisional Filing Fee		1453	1,300	2453	650	Petition to revive-		
Extra Fee Fee Claims From Paid Hellow From Paid Hellow From Paid Hellow From Paid Hellow		SUBTOTAL (1) (\$)750					1,300	2501	650			
Claims From Paid Below Total Claims 9 - 20**= 0	2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				1502	470	2502	235	<u> </u>			
Submitted Name Daniel R. McClure Submitted Name Su												
Total Claims 9 - 20**= 0						1460	130	1460	130			
Claims Multiple Dependent Large Entity Small Entity Fee Fee Fee Fee Fee Fee Code (\$) Claims in excess of 20 1202 18 2202 9 Claims in excess of 20 1201 84 2201 42 Independent claims in excess of 3 1203 280 2203 140 Multiple dependent claims, if not paid 1204 84 2204 42 **Reissue independent claims over original patent original patent **Reissue claims in excess of 20 1802 900						1807	50	1807	50			
Large Entity Small Entity Fee Fee Fee Fee Fee Code (\$) Code (\$) Code (\$) Teleptone Telepto	Claims				1806	180	1806	180	Submission of Informa			
Fee	Dependent			200.00		8021	40	8021	40	Recording each paten assignment per prope	rty	40
1202 18 2202 9 Claims in excess of 20 1201 84 2201 42 Independent claims in excess of 3 1203 280 2203 140 Multiple dependent claims over original patent 1205 18 2205 9 **Reissue independent claims over original patent 1205 18 2205 9 **Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$)0 **Or number previously paid, if greater; For Reissues, see above *Reduced by Basic Filing Fee Paid Complete (if applicable) Typed or Printed Name *Registration No. 38,962 (Attorrey/Agent) Telephone Number 770-933-9500	Fee Fee	Fee	Fee	Fee Description		1809	750	2809	375	Filing a submission aff	er final	
1201 84 2201 42 Independent claims in excess of 3 1203 280 2203 140 Multiple dependent claim, if not paid 1204 84 2204 42 **Reissue independent claims over original patent original patent SUBTOTAL (2) (\$)0 **or number previously paid, if greater; For Reissues, see above Typed or Printed Name Daniel R. McClure 1801 750 2801 375 Request for Continued Examination (RCE) 1802 900 1802 900 Request for expedited exam. of a design application	1202 18		(3)	Claims in excess of 20		1810	750	2810	375	For each add, invention	n to be	
1204 84 2204 42 **Reissue independent claims over original patent 1205 18 2205 9 **Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$)0 **Free (specify) **Reduced by Basic Filing Fee Paid Complete (if applicable) Typed or Printed Name Daniel R. McClure Signature *Registration No. 38,962 (Attorrey/Agent) Registration No. 38,962 (Attorrey/Agent) 1802 900 1802 900 Request for expedited exam. of a design application Other fee (specify) SUBTOTAL (3) (\$) 40 *Reduced by Basic Filing Fee Paid Complete (if applicable) Telephone Number 770-933-9500	1			·		1801	750	2801	375	Request for Continued	i	
original patent **Reissue (alims in excess of 20 and over original patent SUBTOTAL (2) **For number previously paid, if greater; For Reissues, see above *Reduced by Basic Filing Fee Paid Complete (if applicable) Typed or Printed Name Daniel R. McClure Registration No. 38,962 (Attorrey/Agent) Registration No. 38,962 (Attorrey/Agent)				• •	•	1802	900	1802	900	Request for expedited		
**or number previously paid, if greater; For Reissues, see above *Reduced by Basic Filing Fee Paid Complete (if applicable) Typed or Printed Name Daniel R. McClure Registration No. 38,962 (Attorrey/Agent) Registration No. 38,962 (Attorrey/Agent)				original patent		0446				or a design application	•	
**or number previously paid, if greater; For Reissues, see above *Reduced by Basic Filing Fee Paid *Complete (if applicable) Typed or Printed Name Daniel R. McClure Registration No. 38,962 (Attorrey/Agent) Registration No. 38,962 (Attorrey/Agent)	and over original patent								SUBTOTAL (3)	(\$) 4	0	
#Reduced by Basic Filing Fee Paid Complete (if applicable)				(\$)	U					(• /		
Above *Reduced by Basic Filing Fee Paid SUBMITTED BY Typed or Printed Name Daniel R. McClure Registration No. 38,962 (Attorrey/Agent) Telephone Number 770-933-9500	**or number on	iously psic	l if amo	ster: For Paissuos, see								
Typed or Printed Name Daniel R. McClure Registration No. 38,962 (Attorpey/Agent) Registration No. 38,962 (Attorpey/Agent)									ee Paid			
Typed or Printed Name Daniel R. WicClure Registration No. 30,302 Number //U-933-9500	SUBMITTED BY Complete (if applicable)							θ)				
Signature	Typed or Printed Name	Typed or Printed Name Daniel R. McClure						. 38,962	2		770-9	33-9500
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Signature	Signature 3								Date	C	
			sa	of KII		4	_				7-1	5-03

WARNING: Information on this form may become public. Credit Card information should not

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Kuo

For: SCANNING METHOD CAPABLE OF REDUCING THE SCANNING PERIOD

CERTIFICATE OF EXPRESS MAIL

Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Enclosed for filing in the above case are the following documents:

Return Postcard Utility Patent Application Transmittal Page Fee Transmittal Page Utility Patent Application Consisting Of: 14 Pages of Specification

5 Pages of Claims (Claims 1-9)

1 Page of Abstract

2 Pages of Formal Drawings (Figs. 1-2)

Credit Card Authorization Form (Amount: \$790.00)

Declaration (executed)

Assignment/Recordation Form Cover Sheet Claim of Priority to and Submission of...

Certified Copy of Priority Doc

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

Respectfully submitted,

Daniel R. McClure, Reg. No. 38,962

THOMAS, KAYDEN, HORSTEMEYER & RISLEY, L.L.P.

100 Galleria Parkway, N.W.

Suite 1750

Atlanta, Georgia 30339-5948

Our Docket No: 252205-1090

I hereby certify that all correspondence listed above are being deposited for delivery to the above addressee, with the United States Postal Service "EXPRESS MAIL POST OFFICE TO ADDRESSEE" service under 37 CFR §1.10 on the date indicated below:

The envelope has been given U.S. Postal Service "Express Mail Post Office To

Addressee" Package # EV269334587US.